



OMB Number: 4040-0004 Expiration Date: 07/31/2006

Application fo	r Federal Assi	stance SF-424		Version 02
* 1. Type of Submit	ssion:	* 2. Type of Application:	* If Revision, select appropriate letter(s):	
Preapplication		✓ New		T 98902710-1
✓ Application	10	Continuation	Other (Specify)	I-98902710-D
Changed/Correct	ted Application	Revision		
* 3. Date Received:		4. Applicant Identifier:		
Completed by Grants go	ov upon submission.			
5a. Federal Entity Id	dentifier:		* 5b. Federal Award Identifier:	
State Use Only:				
6. Date Received by	y State:	7. State Application	on Identifier:	
8. APPLICANT INF	ORMATION:			
* a. Legal Name: V	Vashoe Tribe of N	Nevada and California		
* b. Employer/Taxpa	yer Identification N	lumber (EIN/TIN):	* c. Organizational DUNS:	
88-0120754			021982913	
d. Address:	7. 7 11-12-12			
* Street1:	919 Highway	395 South		
Street2:				
* City:	Gardnerville			
County:	Douglas			
* State:	NV			
Province:				
* Country:	USA			
* Zip / Postal Code:	89410			
e. Organizational U	Jnit:			
Department Name:			Division Name:	
Environmental				
f. Name and contac	t information of p	person to be contacted on i	matters involving this application:	
Prefix:		* First Nam	e: Marie	
Middle Name:				
* Last Name: Barry	y			
Suffix:				
Title: Environmer	ntal Program Di	rector		
Organizational Affiliat	ion:			
Washoe Tribe of N	levada and Calif	ornia		
Telephone Number:	775-265-8682		Fax Number: 775-265-3211	RECEIVED
Email: marie.ba	rry@washoetribe	e.us		
				APR 2 2 2009

MTS-7 U.S. EFA, Region 6





OMB Number: 4040-0004 Expiration Date: 07/31/2006

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
I. Federally Recognized Indian Tribe	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
U.S. Environmental Protection Agency	*
11. Catalog of Federal Domestic Assistance Number:	
66.419	
CFDA Title:	
CWA 106	
* 12. Funding Opportunity Number:	
* Title:	
	n-
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
Douglas and Carson City, Counties in NV and Alpine County in CA	
Douglas and Carson City, Counties in NV and Alpine County in CA	
* 15. Descriptive Title of Applicant's Project:	
Washoe Tribe CWA Section 106 Program	
	15
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments View Attachments	

OMB Number: 4040-0004 Expiration Date: 07/31/2006

	tance SF-424	Version 02
16. Congressional Districts Of:		
a. Applicant CA14,NV2	* b. Program/Project CA	14, NV2
attach an additional list of Program/Pro	eject Congressional Districts if needed.	
	Add Attachment	
7. Proposed Project:		10
a. Start Date: 7/1/09	* b. End Date: 6/3	
8. Estimated Funding (\$):	4	(A) - 1 - 1 - 1 -
a. Federal	\$165,000.00	,
b. Applicant	\$8,684.00	
c. State		4
d. Local		
e. Other		
f. Program Income		
g. TOTAL	\$173,684.00	
Yes 🗸 No		
erein are true, complete and accu	rtify (1) to the statements contained in the list of certifications** and (2) rate to the best of my knowledge. I also provide the required assurant accept an award. I am aware that any false dictitions or freedulent et	ces** and agree to
nerein are true, complete and accurate omply with any resulting terms if it nay subject me to criminal, civil, o	rtify (1) to the statements contained in the list of certifications** and (2) rate to the best of my knowledge. I also provide the required assurance accept an award. I am aware that any false, fictitious, or fraudulent stradministrative penalties. (U.S. Code, Title 218, Section 1001)	ces** and agree to
erein are true, complete and accuromply with any resulting terms if in ay subject me to criminal, civil, or it agrees The subject me to criminal in the sub	rate to the best of my knowledge. I also provide the required assurant accept an award. I am aware that any false, fictitious, or fraudulent stradministrative penalties. (U.S. Code, Title 218, Section 1001)	ces** and agree to atements or claims
erein are true, complete and accuromply with any resulting terms if it any subject me to criminal, civil, or it agrees. The list of certifications and assurant	rate to the best of my knowledge. I also provide the required assurant accept an award. I am aware that any false, fictitious, or fraudulent at	ces** and agree to atements or claims
erein are true, complete and accuromply with any resulting terms if it hay subject me to criminal, civil, or a subject me to criminal me to criminal, civil, or a subject me to criminal me t	rate to the best of my knowledge. I also provide the required assurant accept an award. I am aware that any false, fictitious, or fraudulent stradministrative penalties. (U.S. Code, Title 218, Section 1001)	ces** and agree to atements or claims
erein are true, complete and accuromply with any resulting terms if it has subject me to criminal, civil, or it is a certification and assurance cific instructions. uthorized Representative:	rate to the best of my knowledge. I also provide the required assurant accept an award. I am aware that any false, fictitious, or fraudulent stradministrative penalties. (U.S. Code, Title 218, Section 1001) ces, or an internet site where you may obtain this list, is contained in the ann	ces** and agree to atements or claims
erein are true, complete and accur omply with any resulting terms if it nay subject me to criminal, civil, or and accur omply with any resulting terms if it nay subject me to criminal, civil, or and accur of the list of certifications and assurant pecific instructions. uthorized Representative:	rate to the best of my knowledge. I also provide the required assurant accept an award. I am aware that any false, fictitious, or fraudulent stradministrative penalties. (U.S. Code, Title 218, Section 1001) ces, or an internet site where you may obtain this list, is contained in the ann	ces** and agree to atements or claims
erein are true, complete and accur comply with any resulting terms if it may subject me to criminal, civil, or "I AGREE "The list of certifications and assurant pecific instructions. Authorized Representative: Prefix: Middle Name: W	rate to the best of my knowledge. I also provide the required assurant accept an award. I am aware that any false, fictitious, or fraudulent stradministrative penalties. (U.S. Code, Title 218, Section 1001) ces, or an internet site where you may obtain this list, is contained in the ann	ces** and agree to atements or claims
erein are true, complete and accur omply with any resulting terms if it nay subject me to criminal, civil, or and accur omply with any resulting terms if it nay subject me to criminal, civil, or and accur of it agree The list of certifications and assurant pecific instructions. uthorized Representative: refix: [iddle Name: W Last Name: Walker	rate to the best of my knowledge. I also provide the required assurant accept an award. I am aware that any false, fictitious, or fraudulent stradministrative penalties. (U.S. Code, Title 218, Section 1001) ces, or an internet site where you may obtain this list, is contained in the ann	ces** and agree to atements or claims
erein are true, complete and accur omply with any resulting terms if it nay subject me to criminal, civil, or "I AGREE The list of certifications and assurant pecific instructions. Authorized Representative: Iddle Name: W Last Name: Walker Suffix:	rate to the best of my knowledge. I also provide the required assurant accept an award. I am aware that any false, fictitious, or fraudulent stradministrative penalties. (U.S. Code, Title 218, Section 1001) ces, or an internet site where you may obtain this list, is contained in the ann	ces** and agree to atements or claims
erein are true, complete and accur comply with any resulting terms if it nay subject me to criminal, civil, or " I AGREE " The list of certifications and assurant pecific instructions. Authorized Representative: Prefix: Ididle Name: W Last Name: Walker Suffix: Title: Chairman	rate to the best of my knowledge. I also provide the required assurant accept an award. I am aware that any false, fictitious, or fraudulent stradministrative penalties. (U.S. Code, Title 218, Section 1001) ces, or an internet site where you may obtain this list, is contained in the annual strategy of the strategy o	ces** and agree to atements or claims
erein are true, complete and accur comply with any resulting terms if it nay subject me to criminal, civil, or "I AGREE "The list of certifications and assurant pecific instructions. Authorized Representative: Prefix: Middle Name: W Last Name: W Last Name: Walker Suffix: Title: Chairman Telephone Number: 775-265-8600	rate to the best of my knowledge. I also provide the required assurant accept an award. I am aware that any false, fictitious, or fraudulent stradministrative penalties. (U.S. Code, Title 218, Section 1001) ces, or an internet site where you may obtain this list, is contained in the annual stratum of the section of the	ces** and agree to atements or claims
nerein are true, complete and accurate may subject me to criminal, civil, or a large of the list of certifications and assurant specific instructions. Authorized Representative: Prefix: Middle Name: Last Name: Walker Suffix: Title: Chairman Telephone Number: 775-265-8600	rate to the best of my knowledge. I also provide the required assurant accept an award. I am aware that any false, fictitious, or fraudulent stradministrative penalties. (U.S. Code, Title 218, Section 1001) ces, or an internet site where you may obtain this list, is contained in the annual strategy of the section of th	ces** and agree to atements or claims Duncement or agency

- Revised -

RECEIVED

MAY 1 9 2009

GNO, WIS-/

			SECT	ION A	- BUDGET SU	MMAI	RY				pprovai 140. 0546-00
Function Dor	atalog of Federal mestic Assistance	'			ed Funds			New	or Revised Budg	et	
or Activity (a)	Number (b)	Federal (c)			lon-Federal (d)		Federal (e)		Non-Federal (f)		Total (g)
1.CWA 106	66-419	\$		\$		\$	165,000.00	\$	8,684.00	\$	173,684.00
2.											0.00
3.					2						0.00
											0.00
5. Totals		\$	0.00	\$	0.00		165,000.00	\$	8,684.00	\$	173,684.00
Object Object On the state of t		S	ECTIO		SUDGET CATE						
3. Object Class Categories		(1)		(2)	ANT PROGRAM, F	UNCTI	ON OR ACTIVITY				Total
a. Personnel		\$		\$		\$		\$		\$	90,874.00
b. Fringe Benefits		34,7	77.00								34,777.00
c. Travel		6,1	75.00								6,175.00
d. Equipment		5,72	27.00								5,727.00
e. Supplies	· B	1,28	30.00								1,280.00
f. Contractual		9,06	55.00							1	9,065.00
g. Construction			0.00							-	0.00
h. Other		8,70	0.00								8,700.00
i. Total Direct Charges	(sum of 6a-6h)	156,59	8.00		0.00		0.00		0.00		156,598.00
j. Indirect Charges		17,08	5.00		141,88	1 _{× 1}	2.05%=	17.0	87 = OK -		17,085.00
k. TOTALS (sum of 6i a	and 6j)	\$ 173,68	3.00 \$		0.00	\$	0.00	\$	0.00	\$	173,683.00
Program Income		\$									
0		Ψ	2			\$		\$		\$	0.00

Authorized for Local Reproduction

Standard Form 424A (Rev. 7-97) Prescribed by OMB Circular A-102

(a) Grant Program)	02011011		ION-FEDERAL RE (b) Applicant		(c) State	(d)) Other Sources		(e) TOTALS
(a) Olan 1 Togram	<u> </u>								_	
8. CWA 106			\$	8,684.00	\$		\$		\$	8,684.00
9.										0.00
10.										0.00
11.										0.00
12. TOTAL (sum of lines 8-11)			\$	8,684.00	\$	0.00	\$	0.00	\$	8,684.00
		SECTION	D-F	ORECASTED CAS	SHI	NEEDS			7	
Net to the control of		Total for 1st Year		1st Quarter		2nd Quarter		3rd Quarter		4th Quarter
13. Federal	\$	165,000.00	\$	45,000.00	\$	41,000.00	\$	34,000.00	\$	45,000.00
14. Non-Federal		8,684.00		2,171.00		2,171.00		2,100.00		2,242.00
15. TOTAL (sum of lines 13 and 14)	\$	173,684.00	\$	47,171.00	\$	43,171.00	\$	36,100.00	\$	47,242.00
SECTION E -	BUDGET	ESTIMATES OF	FEDE	ERAL FUNDS NEE	DE	D FOR BALANCE	OF TI	HE PROJECT		
(a) Grant Progran	n					FUTURE FUNDING	3 PEI			
				(b) First		(c) Second		(d) Third	-	(e) Fourth
16.CWA 106			\$	165,000.00	\$	189,000.00	\$	190,000.00	\$	195,000.00
17.										
18.										
19.										
20. TOTAL (sum of lines 16-19)			\$	165,000.00	\$	189,000.00	\$	190,000.00	\$	195,000.00
	1 (20)5:	SECTION F	- OT	HER BUDGET INF	OR	MATION				
21. Direct Charges: 156,598.00				22. Indirect 17,085.00	Ch	arges:				

Washoe Tribe of Nevada and California EPA CWA Section 106 FY09 Budget

Personnel	Calculation	Request	Match	a)
FTE Environmental Programs Director	\$44.25 x 250 hours	11,063		
FTE Environmental Coordinator	\$33.25 x 250 hours	8,313		
General Counsel	\$175.00 x 40 hours	7,000		
Environmental Specialist II	\$23.38 x 2080 hours	48,630		
GIS Specialist	\$23.38 x 200 hours	4,676		
Washoe Tribe	Washoe Utilities Management Authority groundwater PCS assistance		2,365	
Environmental Ranger	\$25.72 x 80 hours	2,058	MK (I	
Clerical Assistant	\$13.20 x 220 hours	2,904		
Administrative Assistant	\$17.57 x 220 hours	3,865		12
Subtotal Personnel		88,509	2,365	90,874
Fringe Benefits				
FICA	0.0765	6,771	181	
SUTA	0.018	1,593	43	
SIIS	0.0221	1,956	52	
Health Insurance	\$523,00/mo x 2 FTE x 12 months	12,552	JZ.	
Liability Insurance	\$42.00/mo x 2 FTE x 12 months	1,009		
Retirement Benefit	0.08	5,311		
Vacation Liability	0.08	5,311		
Subtotal Fringe		THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	270	34 779
		34,502	276	34,778
Total Personnel and Fringe		123,011	2,641	125,652
Travel	E 429 v 595	0.477		
Local Travel Non Local Travel	5,428 x .585 EPA An.Con., Water related trainings: airfare, fees,	3,175		
	motel, per diem, rental car expenses. RTOC/NTOC	3,000	"-	
Subtotal Trave	2000年1月1日 1月1日 - 1月1日	8,178		5241
Equipment				
Monitoring/Field Equipment	use of GIS/GPS/Plotter, troll 9500, global water (wi16x), water testing equipment, and new equipment as needed 638 funds		5,727	
Subtotal Equipment	STATE OF THE PROPERTY OF THE P		8,727	
Supplies				
Departmental Supplies	\$65/mo x 12	780		
Fleld Supplies	ph solutions, membrane caps, sample rope, blo. ass. tools, disp. VOC bailers, batteries, DO solution, multi point calibration solution, preservatives (ethyel alcohol), petri dishes, dip nets, gloves etc.	500		
Subtotal Supplies		1,280		1780
Contractual				
Laboratory Fees	Tasks 3-4	9,065	1-2	
Subtotal Contractua		9,065	STATE OF THE PARTY	21419
Other		51, 57		
Cell Phone	\$100/mo x 12 mos x 2	2,400		
Vehicle Maintenance, Insurance and Registration		3,100		
Communications/ Maintenance, operations and repairs	Telephone, internet, mail, etc.	3,200	- 1 1,	
Subtotal Other		THE RESERVE OF THE PERSON NAMED IN		0.990
Total Direct Charges		8,700	0.000	156 500
Indirect Charges	12.05 of direct costs minus contractual and equipment	148,231	8,368	156,599
7.1.18.		16,769	316	17,085
Total Program Cos		165,000	8,684	173,684

0- 1 51.1

BUDGET CATEGORIES INFORMATION (FROM SF424A, SECTION B TOTALS)

Enter Total Program Costs, i.e., Federal and Non-Federal Funds Combined

(Attach Separate Sheet(s) if necessary)

Object Class Categories

Personnel: (Program Staffing - include and indicate vacant positions)	Number in Position Class	Annual Salary Rate	Work Years	Personnel Costs
Position Title				
(1)	(2)	(3)	(4)	(5)
FTE Environmental Director	11	92,040.00	.11	11,063.0
FTE Environmental Coordinator	1	69,160.00	.05	8,313.0
FTE Environmental Specialist II	4	48,630.00	1.0	48,630.0
FTE GIS Specialist	11	48,630.00	.09	4,676.0
FTE Clerical Assistant	1	27,456.00	.12	2,904.0
FTE Administrative Assistant	1	36,546.00	.08	3,865.0
FTE Environmental Ranger	2	53,498.00	.04	2,058.0
General Coungil		122,521,00	.01	7,000.0
(Washoe Utility Manager)	1	55,324.00	.04	2,365,0
				,
ERSONNEL CATEGORY TOTALS	. 12.00	427 904 00		
FRINGE BENEFITS: TOTAL	12.00	427,894.00	1.48	90,874.00
TRAVEL: TOTAL (Itemize below - See Sample pages) coal travel (5,428 x .585mi) = \$3,175.00 con Local (training: flight (250 x 6), motel 50x7days), and other travel expenses) = 8,000.00				34,777.00 6,175.00

SF 424B (4-88) Back

REUSED 5/13/09

BUDGET CATEGORIES INFORMATION (FROM SF424A, SECTION B TOTALS) Enter Total Program Costs, i.e., Federal and Non-Federal Funds Combined

(Attach Separate Sheet(s) if necessary)

Object Class Categories	
d. Equipment: (1) List each item costing \$5,000 or more to be purchased for this project;	
SUB-TOTAL	0.00
(2) List items costing less than \$5,000. You may list the items by groups, as appropriate.	0.00
Monitoring/Field Equipment: (over \$500 3 or more quotes)	
Washoe Tribe BIA Water Resources 638: GIS/GPS equipment and software, computer with win-situ software, stormwater samplers, troll 9500 and other equipment as needed etc.	5,727.00
	- 6
SUB-TOTAL	5,727.00
COMBINED EQUIPMENT TOTAL	5,727.00
e. Supplies: List by groups, as appropriate.	
General departmental supplies; (pens, calculator, clip board, note books, stick-its, cd, etc \$65/mo.)	780.00
Field supplies: ph solutions, membrane caps, sample rope, bio. ass. tools, disp. VOC bailers, batteries, DO solution, multi point calibration solution, preservatives (ethyel alchool), petri dishes, dip nets, gloves etc.	500.00
SUPPLIES TOTAL	1,280.00 Prescribed by OMB Circuter A-

BUDGET CATEGORIES INFORMATION (FROM SF424A, SECTION B . . . ALS)

	Enter Total Program Costs, i.e., Federal and Non-Federal Funds Combined	
	(Attach Separate Sheet(s) if necessary)	
)bjec	t Class Categories	
	CONTRACTUAL: List each planned contract separately, type of services to be procured, proposed procurement method (i.e. small purchase, formal advertising, competitive negotiations or non-competitive negotiations) and the estimated cost. Also, please indicate if the proposed contract performance period will go beyond the budget period of assistance for which this application is submitted.	
aboı be	ratory Fees: (surface water quality monitoring) Nevada State Health Laboratory (non-competitive WEPD has en utilizing this lab since WQ sampling started after researching other labs and is identified in the QAPP.)	9,065.00
-		
	COMBINED CONTRACTUAL TOTAL	9,065.00
	CONSTRUCTION (N/A)	N/A
	OTHER: Explain by major categories any items not included in above standard budget categories. <u>Caution</u> : Do not include or proposed as a direct project cost, any cost that is indirect in nature (see OMB Circular A-87) or is included in the indirect cost pool on which the indirect cost rate (item j) is based.	
	Cell Phone (\$100/mo x 12/mo x 2)	2,400.00
	Vehicle Maintenance, insurance and registration	3,100.00
pair	Communications/Maintenance, operations and repairs (telephone, internet, postage, office maintenance, setc.)	3,200.00
	TOTAL DIRECT CHARGES, (Company of the company of th	8,700.00
	TOTAL DIRECT CHARGES: (Sum of items a. through h.)	\$156,599.00
	INDIRECT COSTS: (Copy approved latest indirect cost agreement is on file at EPA)	\$ 17,085.00
	TOTAL PROPOSED PROGRAM COSTS (Sum of Items i. and j.)	
	SHARE: FEDERAL 95 % GRANTEE 5 %	173,684.00



Please show street address as well as Post Office Box Number where applicable.

Pauline Howe

Finance Director

(Same as above)

(775) 265-8600

Name:

Telephone:

Title: Address:

AGENCY DIRECTOR
(Individual who is authorized to sign the assistance agreement application and award acceptance).
Name: Waldo W. Walker Title: Chairman Address: 919 Highway 395 South Gardnerville, NV 89410
Telephone:(775) 265-8600 X 1104
PROGRAM DIRECTOR
(Technical program director; generally the same individual as the "contact person" in block #5 of the application).
Name: Marie Barry Title: Environmental Program Director Address: (Same as above)
Telephone: (775) 265-8682
FINANCE DIRECTOR
(This is the person who is responsible for (1) maintaining the accounting/financial management system supporting grant expenditures; (2) preparing financial reports; and (3) maintaining the Letter of Credit. I any of these responsibilities are located in another office, please so indicate by showing below the name(s) title(s) organization name(s), address and telephone.)